Date February 12, 2008

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/538,126 TRANSMITTA Filing Date June 6, 2005 For FY 2008 First Named Inventor Shunsuke Kuroiwa **Examiner Name** Jaisle, Cecilia M. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1624 **TOTAL AMOUNT OF PAYMENT** 170.00 Attorney Docket No. 442P097 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields & Lemack For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity **Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 130 50 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 620 255 310 Provisional 210 105 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims _ - 20 or HP = \$50.00 \$50.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) 3 - 3 or HP = 0 \$210 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets Extra Sheets** Fee (\$) Fee Paid (\$) / 50 = _ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): One month extension and additional claim fee \$170.00 SUBMITTED BY Registration No. 32,579 Telephone ₅₀₈₋898-1818 Signature (Attorney/Agent)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Kevin S. Lemack

PTO/SB/21 (01-08)
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Filing Date **TRANSMITTAL** June 6, 2005 First Named Inventor **FORM** Shunsuke Kuroiwa Art Unit 1624 **Examiner Name** Jaisle, Cecilia M. (to be used for all correspondence after initial filing) Attorney Docket Number 442P097 Total Number of Pages in This Submission

| ENCLOSURES (Check all that apply) | | | | | | | | |
|---|---|-------------------|---|--------------------------|----------|--|--|--|
| \checkmark | Fee Tran | smittal Form | | Drawing(s) | | | After Allowance Communication to TC | |
| | ✓ F | ee Attached | | Licensing-related Papers | | | Appeal Communication to Board of Appeals and Interferences | |
| | Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks | | | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | | |
| Firm Name Nields & Lemack | | | | | | | | |
| Signature | | | | | | | | |
| Printed name Kevin S. Lemack | | | | | | | | |
| Date | | February 12, 2008 | | | Reg. No. | 32,579 | 32,579 | |
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Kevin S. Lemack